	Substitute	OF FOR PTO-875	TION RECORD	unless il displa	ays a valid OMB control imbe
10-075				Third by Docket Number	
CLAIMS AS FILED - PART I				10	709,015
FOR NUMBER FILED		(Column 2)	SMALL ENTITY	OR .	OTHER THAN SMALL ENTITI
(37 CFR 1.16(a))		NUMBER EXTRA	RATE FEE		Suit CE CIVIII
TOTAL CLAIMS (37 CFR 1.16(c))	· ·	·	5	7 1	RATE - FE
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 20 =		x s 25 =	OR	- FO : 5
	minus 3 =	·	x s 100=	OR	x's 50=
MULTIPLE DEPENDENT CLAIM PRESENT . (37 CFR 1.16(d))			+5.180	OR	x , 200
· Il the difference in column 1 is less than zero, enter "O" in column 2			TOTAL	OR L	+360
CLAIM:	S AS AMENDĘD – PA	RTII	10171	OR	TOTAL
Total (3) CFR 1.16(c)) FIRST PRESENTATION OF A AMEND Total (3) CFR 1.16(c)) (Column CALA REMA AFT AMEND Total (1) CFR 1.16(c)) Total (1) CFR 1.16(c)) Total (1) CFR 1.16(c) Total (1) CFR 1.16(c)	AMS AMN AINING TER FREI FOMENT Minus Minus MINUS MINUS MULTIPLE DEPENDENT CLAIM MENT MINUS MIN	=	RATE ADDITIONAL FEE x s 100= + s 180= TOTAL ADDITIONAL FEE x s 100= + s 180= 100 = + s 180= TOTAL ADDITIONAL FEE X S 100= + s 180= TOTAL ADDITIONAL FEE	OR	
(Column CLAIM REMAIN AFTEI AMENDM	S (COLUMN) ING HIGHE NUMBI PREVIOU	ST . ER PRESENT JSLY EXTRA	RATE ADDI-	OR ADD'L	
(JI CFR 1.16(cl)	Minus	OR .	TIONAL		TIONAL FEE
Indépendent (17 OFR 1.16(b))	Minus	=	× 5 25 _	OR x 5	0_
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			+ 5 180 <u>.</u>	OR x s 20	
' If the entry in column 1 is le: If the Highest Number Prev If the Highest Number Prev		2. write "0" in column 3.	TOTAL ADD'L FEE	DR + 300 LF	

The Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the INSPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete amount of time you require to complete this form and/or suggestions for reducing finis burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS